FOR INSTRUCTIONS, SEE BACK OF FORM 71490 000 2422	29	1/09
DISCI.OSURE SUMMARY PAGE	\\ \	FORM
COMMITTEE NAME (Must be same as on Statement of Organization) IA ETHICS AND	T 80	DR-2 DISCLOSURE REPORT
IMPORTANT: Indicate type of committee you are reporting for: 12 2008 JAN -4 PN 12:	L9	For Office Use Only HICS AND Committee 1, 1397
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates		Audited
CANDIDATE COMMITTEES ONLY:	7	
Candidate Name  Tim Ly Kam  Political Party  Democrat	4	
State Representative District (if Senate of House)		
SIGNATURE OF TREASURER (or person/filing this report)  57.3 391-19  TELÉPHONE	 919	1-2-08
		DATE SIGNED
Routine Penalties Due For Late Filed Reports Range for		20 to \$800
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE	_	
I AM FILING A January 19, 2008 REPORT FOR AN/A (1) ELECTION (report date)	CTION	/(2)NON-ELECTION YEAR.
TICHECK IS AMENDMENT TO DEPOST DATES	licate or	
	Local Co	mmittees, enter Date of Election
		Local Committees, enter County in ection is held
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)		2.458.12
ADD TOTAL MONEY TAKEN IN THIS PERIOD		1/ 0
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		2,458.12
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	•••••••	
SUB-TOTA	. •	10 1/0 12
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	·L	17, d60. 12
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below		4703.32
	ow)	
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)		14,564.80
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	14,564.80
CASH ON HAND at the end of this reporting period (if final report, balance must	\$	
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ \$	3,768.43
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)  ""UNPAID BILLS (From Schedule D - Attach Schedule D)  "IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)  ""OUTSTANDING LOANS (From Schedule F - Attach Schedule F)  CANDIDATE COMMITTEES ONLY:	\$ \$	3,768.43
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)  ***UNPAID BILLS (From Schedule D - Attach Schedule D)  **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)  **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ \$	3,768.43

(Including candidate's personal funds)

COMMITTEE NAME (Must be	same as on	Statement of Org	ganization)
Friends	1+	Jim	Lykam

<b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
16/01	ID# CK#	Richard Goldstein 2117 State St. Betterlort In 53722		\$200.00	
1/6/07	ID# CK#	Robert Guldstein 2117 State St. Rettendorf In 53722		300.00	
1/6/07	ID#	Robert Goldstein 2117 State St. Restendant La 50732	,	300.00	
1/6/07	ID# CK#	Bernard Guldstein 2117 State St. Betterdur & Ta 53722		300.00	
5/10/07	ID# .	David Palmer 213 Sw Flynn Dr. ankeny. Ia 50023		50.00	
5/10/07	ID# CK#	Fred Haskins 505-545 St. Suite 729 Des Moines, Ia 50309.		25.00	
5/11/07	ID# CK#	State Haus Communicative 584 120th St. Earlham Fa 50072		100.00	
5/15/07	ID# CK#	Mark Langgin HII Goth St. La 50312		15.00	
5/15/07	1D# 1 CK#	F. Richard Thornton 3667 grand Au #3		150.00	
5/15/07	ID# CK#	Mary Braun 1701 Harbach Blud. Clive Ia 50325		50.00	
		Civo, the Sosons	SUB-TOTAL	.1390.00	×

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

(Including candidate's personal funds)

ALABAE (Munt ho	same as	on Statement of	Organization)	
COMMITTEE NAME (Must be	3G1/10 GC \		- 7	
Friends	~-/`	1:00	INKam	
I Friends	OT	VIII	Ly rayre	
177000				

<b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
(MM/DD/YR)	AND PAC CHECK NUMBER		<u> </u>		INCOME
5/15/01	ID#	Paula Feltner 100 Water St. Unit 402 Des Moines Ja 50309		\$250,00	
5/15/01	ID# CK#	Michael Heller PL.		250.00	
5/15/07	ID# 6096 CK# 2000	Manufactured Housing 1400 Dean Ave.	i	250.00	
5/5/01	ID# 6004 CK# 4567	Associated General Contractor 701 E. Court Ave: of Iowa Des Maiors Ia 50309		250.00	
5/15/07	ID# .	Hultman Company 1200 - 57th St. Ia 50266		100,00	
5/15/01	ID# 6067 CK# 363/	Jowa Health PAC 6750 Westown Parkway # West Des Moines Ta 5026	4100	100.00	
5/15/01	ID# 6021 CK#002090	Credit Union PAC Po. Box 10409 Des Moines, Ja 50300		250.cx	7
5/15/07	ID# 6046 CK# 4287	Justice for All PAC 218 6th Ave. STE 526		100.00	
5/15/07	ID# 6070 CK# 3 491	Jowa LAWPAC 51. 3	ReF1.	100.00	
5/15/0-	1D# 7 CK#	Thomas Cope 4024 Grand Ave. # 10	3	50.00	,
,,,,,,		The Maines, the 30070	SUB-TOTAL	\$/.700.0	d

TOTAL (if last page of this schedule)

Page \_\_\_\_\_\_of\_\_\_\_\_\_\_

<sup>&</sup>quot;Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

chiding candidate's personal funds)

(Including candidate's personal funds)	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Friends of Jim Lykam	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
DATE RECEIVED	(if applicable)	TAME THE TENTE OF	TO CANDIDATE*  (if applicable)	RECEIVED	FUND- RAISER
(MM/DD/YR)	AND PAC CHECK NUMBER				INCOME
51 1	ID# 6059	Towa Committee of Automotive		\$1000	
115/01	CK# 2947	IIII Office Park Rd. Retailers		150.00	
115107		West Des Moines, Ia 50265			
51 1	ID# 6118	Towa Opto metric association 1454-30th St. STE 204	Ti.	200.00	
115/01	CK#2432	West Des Moines, Fa 50366		00,00	
7	ID# 6034	Springers DA		644	
5/10/00		1 1000 1116 Inut St. Duic 100	<b>*</b>	200,00	
10107	CK# 1529	Des Moines, Fa 50309		ļ	
51 1	ID# 6/0/	Motor Carners PAE	571/	500.00	
115/07	CK# 3268	P.U. Boy 6/21 East Des Moins		300.00	
7070	1D# / 4/10	aco montes	ition	1.	
5/1	6700	Sowa Restaurant 4550016	~3	150.00	1
115 107	CK# 57/	Des Moines Ta 50322		ļ <u></u>	<u> </u>
211	ID#	Busan Cameron		26/1 //	
15/01	CK#	Laukee, Ia 50263	<b>,</b>	200.0C	1
110101			<u>'                                    </u>		1
15/ -1	10# 6052	Andependent Insurance	= 200	100.00	
1/5/07	1 CK# 3113	Hood Westown Pkwy Sti West Des Moines, La soals		100,00	
F/ /	ID#	Don Brazelton		6000	
3/18/00	7 CK#	1510 ME Trilein Dr.	,	20.00	
1/8/07		ankeny, In 5000			<u> </u>
5/1	ID#	2405 River Bye. Rd.		100.00	
1/20/07	7 CK#	adel Ia 50003			
10.00	ID# 6027	Deexe PAC Iowa	77	C (1) (1)	<b>1</b>
15/22/2		Deeve PAC Jour Suite 176 666 grand Ave. Suite 176	7	500.00	ή
10707	1 CK# 257/	Jes Moines, Ia 50309			+
			SUB-TOTAL	\$2120.0	d

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

MONETARY **RECEIPTS** 

(Rev. 06/97)

i Al IIIAG GAGAIIAÌ AAA PAAN AL I ALIII	
CONTRIBUTIONS - MONEY TAKEN IN	

(Including candidate's personal funds)

(Hologan & canana a t			
COMMITTEE NAME (Must be se	ame as on Stat	tement of Organization)	,
Friends of	Tim	Likam	
Friends of	Jine	F 100	

<b>A</b>	MONETARY
(Rev. 06/97)	RECEIPTS
CHE AME	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/24/01	ID# 6356 CK# 1422	Freedom Fund PAC 1171-7th St. Des Moines, Ia 50314		\$/00.00	
6/7/07	10# 6486	Town Telecom 115 Sand Ave. W.		150.00	
6/7/01	CK# /643	Troy A. Skinney 1880 Walnut Ridge Dr.	i	100.00	
6/7/07	ID# \$356 CK# 2539	Harah'S Entertainment One Harah'S Ct. Las Vegas, NV 89/19		250.00	
6/8/01	ID# 810:3 CK# 1776	United Our States 818 connecticut Ave. NW. Washin aton. DC 20006 Stella	/. U	25000	b
6/18/01	ID# CK#	B.L. Schwartz 944 Fifth Ave.		2,500.00	
7/23/07	ID# 85/5 CK# /588	Advance america, Cash advant P.O.Box 3058 Spartanburg, SC 29306	ee ?.	500.a	-)
8/16/07	ID# 6098 CK# 3528			500.00	1
8/ //8/07	CK#	Elena & Scott Law for 1375 Broadway 21St F New York, NY 10018	7.	1,000.00	1
8/29/01	ID#6125 CK#00267	Towa Healtons St. #100		250.00	
			SUB-TOTAL	\$7,850.0	0

TOTAL (if last page of this schedule)

Page of (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

_			 	<b>J</b> .	•	<b>~</b> 1111
•	<b>V</b> :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

CONTRIBUTIONS — MONEY TAKEN IN (Including candidate's personal funds)

•					
COMMITTEE	NAME (Must be	same as on S	Statement of Orga	nization)	
COMMI		Tim	LVKa	nΛ	
thea	ds of	VIM	LyKa		

<b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/4/01	ID# L067 CK# 3715	Towa Health PAC 6750 Westown Parkway #100 West Des Moines, Ia 50266		\$200.00	
9/4/07	ID#9698 CK# 576	IAAMB PAC 4949 Westown PKWY Ste 165-111 West Des Moines, Ia 50266		150.00	
9/25/01	ID# 8/18 CK# 3895	International Union of Operating Engineers togal 150 6200 Joliet Rd. Il 60525 Country side. Il 60525	;	500.00	
10/5/01	ID# 8035 CK# 3779	Union Pacific Funct for Effective 9 600 13th St. N.W. Suite 340 Washington, DC 20005	avernment.	250,α	
10/12/01	ID# 8262 CK# 1954	Bridge Structural & Ornamental Tronworkers Local III 8000 29th St. West Rock Island, II 61201		200.00	
16/12/07	ID# 8189 CK# 1056	Ironworkers District Council of Chicago Edge Circ. 756 River Edge 61350		500.00	
10/19/00	ID# 6059 CK# 3039	Towa Committee of Automotive 1111 Office Park Rd. Retailers West Des Moines Fa 50265	e	200.00	
11/14/07	ID# 8073 CK# 7505	Waste Management PAL 701 Pennsylvania Ave N.W. Suite 590 Washinton, DC 20004		250.00	
11/15/0	1D#6498 1 CK#/677	WellPAC 636 Grand Ave Station 1 Des Moines, Fa 50309	3	250.00	
11/16/05	1D# 6058 7 CK# 4/71	Town Chiropractic Society 1605 M. ankeny Hud. Suit ankeny Fa 50023	le 100	200.α	7
/. /5/	1,11	Tunkery, In Store	SUB-TOTAL	\$2700.00	,

TOTAL (if last page of this schedule)

Page of 6 (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(Including candidate's personal funds)

•				
COMMITTEE NAME (A	Aust he sa	me as on Statem	ent of Organization)	
COMMITTEE IN-THE (V			1 11/	
Figure	nt	Slim	Lykam	
Friends	UI	- VIVIC		

<b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
12/3/07	ID# 9675 CK# 1092	OAAI 3101 SW 61st St. Des Moines, Ia 50321		\$250.00	
12/6/07	ID# CK#	James Myers 6600 Westown Parkway West Das Moines Fa 50d66		250.00	
12/6/07	ID# CK#	Michael Medved 6600 Westown Parkway	;	250.W	
12/28/01	ID# 8/77 CK# 3386	Laborer's Local 309 2835 7th Ave Rock Island Il 61201		100.00	
12/29/01	ID# .	Naney Eichelberger P.O. Box 8 Depot 208 West Depot		200.00	
	ID# CK#	wayland, sa sac.			
	ID# CK#				
	ID# CK#				
	ID#				
	ID#				
			SUB-TOTAL	\$/050.00	d

TOTAL (if last page of this schedule)

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 6 of 6 (for Schedule A)

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)							
	Friends	of Jim Lyk		AMOUNT			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	EXPENDED			
	NUMBER ID#	Postmaster 1	N. O Cardonia	/ 201			
13/07	CK#/395	2018 Marquette Dayenport, In 5380	Nail Campaign Veports	\$ 4.88			
16/07	ID# CK#/39 6	Office May 320 W. Kinberly Rd.	files, paper, wite out.	21.15			
1/	ID#	Jim Lykam	Reimbursement	50.00			
6/07	CK#/39 7	2906 W. 35th St. Daverport, Fa 52806	Consuter insurance state issued.	J0100			
1/11	ID#	Treasurer State of Janus	Stationary, Cruelopes	91.00			
116/07	CK#/398	Des Moines Ja 50319	<u> </u>				
11	ID#	Jim Ly Karn 2906 W. 35th &.	Reimbursement mileage 190 miles @ 443 c mile to tour	84.55			
21/07	CK#/399	Davengort In 52806	prison in Ft. Madison				
2//	ID#	U.S. Cellular	monthly cell	51.94			
2/1/07	CK#1400	Polatine, II 60055-00	phone bill				
2/1	ID#	Gastrater 4018 Marquette	Stamps	53.00			
12/01	ck#/40/	Daverport, Ta 53806		,			
2/ /	ID#	Scott County Democrat		100,00			
115/07	CK#/402	1416 W. 16th Stranty	<i>O</i> , <i>O</i> , <i>O</i>				
	<u> </u>		SUB-TOTAL	\$ 455.50			
			TOTAL (if last page of this schedule)	\$			

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page \_\_\_\_\_ of \_\_\_\_\_

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

	Friends	of Jim LYR	an	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/101	ID# CK#1403	Postmaster 4018 Marguette Dovensont Ta 52806	Stamps	\$ 92.35
3/2/01	ID# CK#/404	U.S. Cellular P.O. Bay 0203 Palatine, Il 60055-0003	Monthly Cell  Phone bill	51.94
3/18/07	ID# CK# 1405	Cruiseamatic Car Club 2108 W. 70th St. Davengut In 52806	advertizing	50.00
3/ 1	ID# CK# /299)	Rod avcox 2000 Leadenhall Wa alpharetta, GA 30022-	$I_{i} = I_{i} \setminus I_{i$	1450.00
3/28/07	ID# Ск#/406	Rod ay cox 2000 Leaden hall Way alpharetta, GA 30022-	Refund Replaces 10st 285 Check No. 1299	1450.00
3/1	ID#	U.S. Cellular P.O.Box 0203	monthly cell	51.94

TOTAL (if last page of this schedule)

SUB-TOTAL

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

CK#/408

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(I).)

	7		7
Page	$\alpha$	of	

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE	Fujends	of Jim Lyka	M		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURP (DESCRIBE TR		AMOUNT EXPENDED
4/29/07	ID# CK# 14/0	Office May 320 W. Kimberly Rd. Daverport In 52806	paper,		s 14.21
4/30/01	ID# CK#/4//	U.S. Cellular P.O. Box 0203 Palatine, Il 60055-03	monthle	e bill	52.26
5/12/07	ID# CK#/4/2	Post naster Hol8 Marquette Davenport, In 52806	l i	rps	82.06
5/1	ID# CK#/4/3	Ceach's Corner 1261 8th St. West Des Moines, In 5026:		raiser	202.08.
5/16/67	ID# CK#/4/4	Jim Lykam 2906 W. 35th St. Daverpot, Ja 52806	Mileage for Des Moi 485 t mile C		164.90
6/107	ID# CK#/4/5	U.S. Cellular P.O. Box 0203 Palatine, II 60055	Monthly Dhon	cell e bill	52.26
5/30/01		Northwest Bank. 100 E. Kimberly Rd. Davenport, Fa 52806	Deposet.	Becks	29.25
6/ /	ID# CK# /4/6	The Derold Printingle. 824 15th Ave. East Moline, Il 61244	Thank Card	10 L 15	173.50
				SUB-TOTAL	\$ 770 50

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page 3 of 1

TOTAL (if last page of this schedule)

#### EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

111/1/

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be s	same as on	Statement of	Organization)

	riends	of Vin LYR	am	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/67	ID# CK#/4/7	Postruster 4018 Marquette St. Daverport, Ta 5286	Stamps	\$ 82.00
6/30/07	ID# Ск#/4/8	U.S. Cellular P.o. Box 0203 Palatine, II 60055-020	monthly cell 3 Thone bill.	52.26
7/3/07	ID# CK#/4/9	Quad City Labor Day Parade 311/3 21st St. alliance Rock Island, Il 6/201	ad in book	100.00
7/3/07	ID# CK#/420 ID#	Scott County Democratic P.O. Box 2009 Farty	donation	200.00
7/17/07	ID# CK#   421	Davenport Ia 52809 Nostalgia Unlimited 1676 W. 494 St. Davenport, Ia 52806	aaverti sing	55.00
7/17/01	ID# CK#/422	Barb Lykan 2906 W. 35th St. Davenut Ta 52806	Material for Card S (Hank you).	7.49
7/30/01	ID# CK#/423	U.S. Cellular P.O. Buf 0203 Palatine, Il 60055-02	Monthly cell Dure bill	52-20
8/9/07	ID# CK#/424	Postmaster 4018 Narquette St. Davenport, Ia 52806	Stamps	82.00
<del></del>			SUB-TOTAL	\$ 630.95

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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TOTAL (if last page of this schedule)

(for Schedule B)

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# EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE	NAME (Must be s	eame as on Statement of Organization)		
	triends	of Jim LyRo		AMOUNT
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/9/07	ID# CK#/425	Jeff Lykam 2906 W. 35th St. Davenport, Ia 52806	Reinbursed for ink, paper for printer	\$ 13.48
8/30/07	ID# CK#/426	U.S. Cellular Po. Box 0203 Palatine, Il 60055-0203	Monthly cell phone bill	87.62.
9/107	ID# CK# /42/	Postmaster 4018 Marquette St. Davenport, Ja 52806	stamps	82.00
9/13/07	ID# CK#1428	Octoberfest Committee 712 W. 2nd St. Davenport, In 52802	hrochure.	25.00
9/25/01	ID# CK#/429	Jim Lykam 2906 W. 35th St. Payerport Ia 52806	Trundraising Meeting 2 Dotential Supporters I'm Des Moines! Mileage 45 Natel \$172.78 Mileage 45	, Me
9/101	ID# CK#/430	Jim Lykam 374 St. Havenout Ja 5506	Reimburse ment meeting Dos Moin To DOT Highway infrastruity Mileage 4882 mile at 33	160.05
9/35/07	ID# CK#/43/	Office Mart 320 Kim berly Rd. Davenport, Ja 52800	ink for Printer, paper	33.88
10/2/07	ID# CK#/432	U.S. Cellular P.U.Bay 0203 Palatine, II 60055-020	Thought cell phone bill	63.39
			SUB-TOTA	\$798.15
			TOTAL (if last page of this schedule	\$

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(I).)

# EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Jim Ly Kam

1 11014	45 01 >	J1111 -7. 410	21/22/05	AMOUNT
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	EXPENDED
10/10/07	ID# CK#/ <i>433</i>	Postmaster Hold Marguette Davenport, Ja 52806	Stamps	\$ 123.00
10/ /28/07	ID# CK#/434	Local III 1004 Anniversa 8000 2941 St. West Rock Island, I/ 61201	y ad in booklet.	70.00
10/ /31/07	ID# CK#/435	U.S. Cellular P.O. Box 0203 Palatine, Il 60055-0203	Honthly cell Thone bill.	52.20
11/9/07	ID# CK#/436	Scott County Democratic Pain 1416 W. 16th St. Davenport, Ia 52804	Cereti, bution	250.00
12//01	ID# CK#1437		insurance for computer at	50.00
12//07	ID# CK#1438	4.5. Cellular P.O. Box 0203 P. la Line. II. 60055.0	ronthly cell  paper, envelopes	57.58
12/10/07	ID# CK#/439	Office May 300 W. Kimberly Rd. Davenport, In 50806	1 for	20,40
12/12/07	ID# CK#/440	Postprastu 4018 Marquette Davenport, Fa 52806	Stamps	94.30
<u> </u>	<u>' '                                  </u>	187 averguez, se	SUB-TOTAL	\$ 717.48

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Page \_\_\_\_\_ of \_\_\_\_\_

TOTAL (if last page of this schedule)

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

[9	B (Rev. 09/97)	MONETARY EXPENDITURES
		CK THIS BOX IF

COMMITTEE	NAME (Must be s	same as on Statement of Organization)		
Frie	nds of	Jim Lykan		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/1	ID# CK# /#-1/	Office Nay 320 W. Kinbery Rd. Davenort Ja STER	Paper for Fundraiser	\$ 7.27
131/07	ID# CK#/442	1.5. Cellular P.o. Box 0203 Palatine, II 60055-020	Monthly Cell 3 Phone bill	52.20
	ID#			
	CK#			
	ID#		·	
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<i></i>	CK#			
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	CK#			

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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SUB-TOTAL

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS,	SEE BACK OF FORM
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COMMITT	EE NAME (Must be same	as on Statem	ent of Organization	n)	1
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	1101943	01	<u> </u>	- /	

SCHEDULE					
E	IN KIND				
(Rev. 06/97)	CONTRIBUTIONS				
☐ CHECK THIS BOX IF AMENDING FORM					

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
2/1/07	House Theman Fund 5661 Fleur Dr. Des Moines Ja 50321		Printing and postage	1,007.29	
3/7/07	House Truman Fund 5661 Fleur Dr. Des Moines, Fa 50321		Printing and Dustage	679.75	
4/1/07	House Truman Fund 5661 Fleur Dr. Das Moines, Fa 50321		Printing and Dostage	1,008.09	
9/7/07	House Truman Fund 5661 Fleur Dr. Des Moines, Ea 50321		Printing Dostage	1,073.30	
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			SUB-TOTAL	\$	

TOTAL (if last page of this

schedule)

Page \_\_\_\_\_ of \_\_\_\_

<sup>\*</sup>Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.